



Last Updated: 03/09/2022

Automation of the Pre-Admission Screening (PAS) Process

The purpose of this memo is to provide information regarding the timeframes, security requirements, and training available for a phased implementation of a one stop, electronic submission of Pre- Admission Screening (PAS) forms through the DMAS Provider Web Portal. PAS screeners in the community and in hospitals and their administrators should be aware of the options outlined in this Memorandum.

DMAS will begin implementing the voluntary, first phase of the PAS automated system effective February 9, 2015. Hospital and community PAS teams will be able to access, at no cost, an on-line data entry process for submission of the Uniform Assessment Instrument (UAI) and other required PAS forms.

Overview

There will be no change in the process used in communities and hospitals to conduct screenings. Screeners will continue to assess and document on the required forms all information necessary to determine an individual's functional eligibility for Medicaid long-term care (LTC) services. Upon completion of the PAS process, rather than mailing all required PAS forms to Xerox, the DMAS contractor, community and hospital teams may elect to data enter the information directly into the DMAS Provider Web Portal. Direct data entry into the DMAS Provider Web Portal will eliminate postage costs associated with mailing the paper documents to Xerox. The advantages of the direct data entry are multiple for the individual unit entering the data:

1. Individuals entering and submitting the data will have electronic documentation of each submission;
2. On-line PAS forms identify all required data elements for successful submission;



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3. Submissions directly into the DMAS' Virginia Medicaid Management Information System (VaMMIS) each evening for processing and edits;
4. VaMMIS will notify the individual entering the data the following day of the successful submission or of any edits/corrections needed for successful completion of the process;
5. If additional information or corrections are needed, each item can be viewed by the individual who entered the data and submitted the forms on the screen along with a description of the information or correction needed directly below each data element;
6. All screens can be printed for documentation, if the individual who entered the information chooses, and the completed paper documents with original signatures will continue to be retained in the individual's record;
7. Upon successful completion of PAS data, VaMMIS will generate a claim for payment of the PAS to the hospital or public health office associated with the individual's PAS (local DSS offices use a random moment sampling process therefore no claim is generated); and,
8. The individual entering the data will be able to track the claim and subsequent payment.

When the PAS team or acute care hospital determines that an individual meets criteria for Medicaid LTC services, the paper PAS forms should continue to be sent to the appropriate LTC provider selected by the individual. The selected LTC provider will continue to assess and develop a plan of care for the individual and submit the appropriate forms for program enrollment. For waiver enrollment and PACE, the service provider needs to submit the appropriate documentation to the appropriate authorization entity. If the PAS community team or acute care hospital screener determines that the individual does not meet criteria, notice must be sent to the individual as required by the DMAS PAS Provider Manual.

Accessing the DMAS Provider Web Portal

DMAS, through its contractor Xerox, developed and tested a web portal that streamlines submission and payment for PAS activities. Acute care hospitals and community PAS teams will have access to the secure interactive features of the Provider Web Portal including:



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- Claims Status Inquiry
- Claim submission of professional, institutional and crossover claims
- Member Eligibility, Co-Pay Amounts and Service Limits
- Provider Payment History
- Provider Profile Maintenance
- Remittance Advice Messages

In order to take advantage of the Provider Web Portal and its functions, users will have access to the training described below and agree to the security structure described in the PAS Computer Based Training (CBT) User Guide. Local DSS and VDH agency administrators and hospitals desiring to use the automated PAS data entry process will need to determine a “primary account holder” for accessing the DMAS Provider Web Portal and designate an “organizational administrator” who will be able to specify the “authorized users” for access if not already designated for accessing the DMAS Provider Web Portal. Since only one user ID can be associated with a client record, community PAS teams using the DMAS Provider Web Portal will have to be responsible for entering the UAI and forms into

the DMAS portal on behalf of the team. Detailed information is available regarding accessing the DMAS Provider Web Portal and statewide implementation in the training described below.

Training for Individual Users of the DMAS PAS Automated System

DMAS will provide training opportunities for providers to familiarize them with the new portal entry system. These training opportunities include:

1. Pre-Admission Screening CBT, User Guide, and Frequently asked Questions (FAQs) all are available on the Virginia Medicaid Provider Web Portal located at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>. Connect by selecting “Preadmission Screening” under the “Provider Resources” tab.



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2. Questions may also be submitted through the DMAS web site at:
dmasinfo@dmas.virginia.gov

3. Ongoing support is available at the DMAS "HELPLINE."

These trainings will remain on the DMAS Web Portal for new providers and follow-up viewing: http://www.dmas.virginia.gov/Content_pgs/ln-ltc.aspx

Pre-Admission Screening (PAS) Provider Manual

The DMAS provider manual is being revised to include information regarding changes for the no cost electronic process for data entry and submission of pre-admission screening documents.

This "Medicaid Memo" will serve as policy and guidance until the updated manual is available to PAS teams.

General Questions Regarding Pre-admission Screenings:

General inquiries related to pre-admission screenings should continue to be directed to:

Health Districts:

Dr. Joanne Wakeham,
RN, Ph.D. Department of
Health

109 Governor Street

Richmond, VA 23219



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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804-864-7017

Joanne.Wakeham@VDH.Virginia.gov

Local DSS Adult Services/Pre-admission
Screeners: Paige McCleary

Adult Protective Services Division

Department for Aging and Rehabilitative
Services 8004 Franklin Farms Drive

Richmond, VA 23229

804-662-7605

Paige.McCleary@dars.virginia.gov

As changes occur, providers of pre-admission screening services will be kept advised via Medicaid Memorandum and Provider Manual revisions.



COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx to learn more.



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MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state
long distance 1-800-552-8627 All other areas (in-
state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.